



# LIHEAP Application

Low Income Home Energy Assistance Program

Si Ud. necesita este formulario en español, comuníquese con su trabajador(a)

THIS APPLICATION MAY ONLY BE USED FOR THE LIHEAP PROGRAM

Answer all the questions on the form. You must sign and date the last page of the Application in order for it to be valid. If you would like to receive another type of help that you do not already get, please contact your caseworker and ask for an ISD-100 or ISD-SP101 application form.

<b>FOR OFFICE USE ONLY</b>	<b>Date Received</b>	<b>Worker Name</b>	<b>Disposition Date</b>
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## ▼ APPLICANT Section ▼

### 1. Address

Write in your current physical and mailing address

Home Address – Physical Address	City	State	Zip Code	Telephone Contact # ( )
Mailing Address if Different from home address	City	State	Zip Code	

### 2. You and People Who Live with You

A. List names and information for yourself and all the people who live with you.

Name (First and Last)	Social Security #	Sex M = Male F = Female	Date of Birth	Age	Race	Citizenship US = United States I = Immigrant	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
(You)							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Do you get Food Stamps, Medicaid, or Cash Assistance like TANF, GA, or SSI?  Yes  No

C. If you are Native American, do you live on your Reservation?  Yes  No If Yes, which one? \_\_\_\_\_

### 3. Income

A. Checkmark all sources of income including benefits for all household members and attach proof of the income for the last 30 days.

- |                                       |  |  |   |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Employment   | <input type="checkbox"/> Cash Assistance | <input type="checkbox"/> Social Security | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Dividends       | <input type="checkbox"/> Veterans        | <input type="checkbox"/> Child Support        |
| <input type="checkbox"/> Retirement   | <input type="checkbox"/> Military        | <input type="checkbox"/> Tribal monies   | <input type="checkbox"/> Other _____          |

B. List all the income information for each household member:

Person with Income	Income from?	\$ Amount Before Taxes	How Often? Weekly, Biweekly, Monthly, Semi Monthly
		\$	
		\$	
		\$	
		\$	

### 4. Home Heating, Cooling and Telephone

A. Which best describes your home costs?

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Public Housing – \$0 rent     | <input type="checkbox"/> Public Housing – I pay rent     | <input type="checkbox"/> Renting – Not Public Housing | <input type="checkbox"/> Home Owner |
| <input type="checkbox"/> Living with Others – \$0 rent | <input type="checkbox"/> Living with Others – I pay rent | <input type="checkbox"/> Other _____                  |                                     |

**B. Please choose one heating or cooling energy bill that you want help with.**

- Propane/Butane       Natural Gas       Wood
- Electric               Coal                       Other \_\_\_\_\_

**C. Is this energy bill included in your rent payment?**  Yes     No

**D. What is the name of the energy company, fuel provider or landlord that you pay?** \_\_\_\_\_

**E. If this energy bill is not in your name, what is the customer's name on the account?** \_\_\_\_\_

**F. What is the Account Number?** \_\_\_\_\_

**G. How much was your highest monthly bill in the last 12 months? \$** \_\_\_\_\_

**Please provide a copy of your bill or receipts for fuel.** If eligible, HSD will send your payment to your heating or cooling fuel provider unless they do not accept LIHEAP payments.

**H. Please tell us about your telephone bill.** If you are eligible for LIHEAP you may also be eligible for a telephone discount from one telephone company. Not all telephone companies offer this discount. HSD will notify the telephone companies that offer this discount.

<b>I. Who do you pay (company name)?</b>	<b>J. Whose name is the bill in?</b>	<b>K. What is the Account Number?</b>

**5. Your Signature**

**You must sign this form to make this application valid. Your application will not be processed unless signed**

- I have given HSD true, correct and complete information
- I understand that making false statements or hiding information could mean state and Federal penalties
- I will give proof of things I report to HSD. If I cannot get proof, I know that I can ask HSD to help me and I will let HSD contact other people, and companies to get proof
- I will let HSD give limited information to approved agencies which provide other energy/weatherization help for which I may be eligible
- I will let HSD give limited information to my heating, cooling, and telephone service providers in order to provide federal and state benefits
- I understand that if I receive benefits I am not eligible for, that I may have to pay HSD back for those benefits
- I know that HSD will check the information that I give. HSD may use computers to check the information on this form

**I affirm under penalty of perjury that the statements made about persons in my home, income, and all other information I have given HSD are true and correct**

**▶ Sign Here** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**If You Request a Hearing:** If you don't agree with a decision we make about your case, you can ask for a hearing in person, by telephone or in writing. You can write to the HSD Hearing's Bureau at PO Box 2348 Santa Fe, NM 87504 or call 1-800-432-6217 or (505) 827-8164. You have a right to look at your case file and any records HSD used to determine your case before your hearing. You can ask a household member or someone else like a friend or relative to represent your household at the fair hearing. You also have the right to have an attorney or other legal representative represent you at the hearing.

**Your Civil Rights:** All programs administered by HSD are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, sex, age, religion, political beliefs, or disability, you may file a complaint. Complaints of discrimination may be filed with HSD central office or the local HSD Income Support Division county office. Complaints of discrimination about LIHEAP may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202 or call (800) 368-1019 (voice) and (214) 767-8940 (TDD). (12/31/03)

**Do you need help completing this application? If English is not your first language or if you have problems hearing:** We can provide you with someone who can help you understand the questions at the interview. This service will also be available at other times if you need to report changes or have questions about your case. **If you would like someone else to fill out this form for you:** If you need help filling out this form, you may let someone else do this for you. The person who helps you is called an Authorized Representative.

**If you have a disability:** If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact HSD toll-free at 1-800-283-4465 or through the New Mexico Relay System TDD at 1-800-659-8331. HSD requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (04/23/01)

**Your Privacy:** We only ask for the information we need to determine if you can get help. You can choose to give us the information. However, if you don't give us all the information we need, you may receive fewer benefits or no benefits. We also check with other agencies and the federal Income and Eligibility Verification Service (IEVS) about the information that you give us. If someone in your home is a fleeing felon, we may also tell law enforcement.